



STATE OF WASHINGTON
APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT

For filing with the Department of Ecology or with County Conservancy Boards

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☐ Change purpose(s) of use
☒ Add purpose(s) of use ADD "DOMESTIC"
☐ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☐ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

FOR OFFICE USE ONLY

CHANGE No. C64-CV3P1109 WRIA 49

DATE ACCEPTED 02/02/2012 BY OKW

FEE \$ 111993 REC'D 01/10/2012

CHECK No. 05-17-1993

ECY Coding: 001-002-WR10285-000011

SEPA: ☐ Exempt ☐ Not exempt

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

APPLICANT/BUSINESS NAME <u>Blaine Madden</u>	PHONE NO. <u>509 689 3508</u>	FAX NO. ()
ADDRESS <u>25770 Hwy 97</u>		
CITY <u>Brewster</u>	STATE <u>WA.</u>	ZIP CODE <u>98812</u>

CONTACT NAME (IF DIFFERENT FROM ABOVE) <u>Paul Madden</u>	PHONE NO. <u>(509) 670 2871</u>	FAX NO. ()
ADDRESS <u>25770 Hwy 97</u>		
CITY <u>Brewster WA</u>	STATE <u>WA</u>	ZIP CODE <u>98812</u>

2. Water Right Information:

WATER RIGHT OR CLAIM NUMBER <u>CC10L3P1109 (AKA G4-CV3P1109)</u>	RECORDED NAME(S) <u>BLAINE W. MADDEN AND CALVIN L. COOPER</u>
DO YOU OWN THE RIGHT TO BE CHANGED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, PROVIDE OWNER(S) NAME and ADDRESS:	
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

C64-CV3P1109

FOR OFFICE USE ONLY			
APP. NO. <u>64-CV3P1109</u>	PERMIT NO. _____	CERT. NO. _____	CERT. OF CHANGE NO. _____

3. Point(s) of Diversion/Withdrawal:

A. Existing *TWO WELLS*

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<i>Gov Lot 3 (Both)</i>				<i>21</i>	<i>30N</i>	<i>24E</i>		

B. Proposed *TWO WELLS*

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
<i>Gov Lot 3 (Both)</i>				<i>21</i>	<i>30N</i>	<i>24E</i>		

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>IRRIGATION</i>	<i>276</i>	<i>134</i>	<i>NONE GIVEN</i>

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
<i>IRRIGATION</i>	<i>276</i>	<i>134</i>	
<i>DOMESTIC</i>	<i>Included</i>	<i>Included</i>	<i>YEAR-ROUND</i>

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
<i>LENGTHY DESCRIPTION - SEE ATTACHED.</i>							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
<i>No Change.</i>							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?

☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

3. Point(s) of Diversion/Withdrawal:

A. Existing *TWO WELLS*

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL #	WELL TAG #
Gov Lot 3 (Both)				21	30N	24E		

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Gov Lot 3 (Both)				21	30N	24E		

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EXISTING: ☐ YES ☐ NO PROPOSED: ☐ YES ☐ NO - IF NO, PROVIDE OWNER(S) NAME:

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B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
IRRIGATION	276	134	
DOMESTIC	Included	Included	YEAR-ROUND

5. Place of Use:

A. Existing

LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:							
LENGTHY DESCRIPTION - SEE ATTACHED.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

B. Proposed

LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED:							
No Change.							
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL #	# OF ACRES
DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO - IF NO, PROVIDE OWNER(S) NAME:							

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Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): _____

6. Remarks and Other Relevant Information:

44-31753

ORIGINALLY FILED AS A NEW WATER APPLICATION ON MAY 17, 1993. THIS WAS AN ERROR. ECOLOGY STAFF INDICATE THAT RE-FILE AS A CHANGE APPLICATION IS POSSIBLE - PRIORITY DATE WILL REMAIN AT MAY 17, 1993. CONTACT TOM PERLOW OR TAYLOR HORNE FOR MORE INFO AT THE WENATCHEE FIELD OFFICE - OFFICE OF COLUMBIA RIVER - DEPT. OF ECOLOGY.

IF FOR SEASONAL OR TEMPORARY, START DATE ___/___/___ END DATE ___/___/___

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

(Applicant)

[Signature]

1/1
(Date)

4/27/2011

(Water Right Holder)

[Signature]

1/1
(Date)

(Land Owner(s) of Existing Place of Use)

Mark C. Miller

3/31/11
(Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
- ☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
- ☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ___/___/___

Point(s) of Diversion/Withdrawal - ☐ Existing ☐ Proposed:

Purpose(s) of Use - ☐ Existing ☐ Proposed:

Place of Use - ☐ Existing ☐ Proposed:

ECY 040-1-97 (Rev. 07/08) If you need this document in an alternate format, please call the Water Resources Program at 360-407-6600. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.